

ADDRESS:

1. FULL NAME OF APPLICANT (Charity/Organisation):

WEST MEON PARISH COUNCIL

APPLICATION FOR GRANT - ORGANISATION/GROUP ONLY

[Please read the PC's Grants Policy before completing this form, to ensure that you can comply with all requirements.]

Please Note: This form MUST be completed IN FULL before the Council will consider any grant application. Applications must also enclose copies of their organisation's CONSTITUTION, their most recent ANNUAL REPORT, their last AGM MINUTES, & a copy of their most recent published ANNUAL ACCOUNTS.

2. FULL POSTAL AND **E-MAIL** ADDRESS OF APPLICANT (Charity/Organisation):

POST CODE: E-MAIL:				
PART ONE				
3. Registered charity no. (if applicable):	4. Telephone no.:			
5. Full NAME of organisation's delegated contact:	6. Position/title of nominated contact:			
7. Please describe your organisation's ai	ms and objectives:			
8. Does your organisation work SOLELY for the benefit of the people of WEST MEON?	9. If "YES" how many WEST MEON residents benefit on a regular basis from your organisation?			

the number of persons that r					vide for and	
11. If your organisation is oregularly benefit from the ser		how many WE	EST ME	ON residents	do (or will)	
12. Are you seeking Grant a below:	Aid from other sources (e	e.g. WCC, Ham	ipshire C	CC etc.)? Ple	ase specify	
13. How many UNPAID VOLUNTEERS do you have?	14. How many FULL-TIME PAID staff?			i. How many PART- ME PAID staff?		
16. Have you ever received a grant from West Meon Parish Council at any time in the past?	DATE when gran	I7. If "YES", please enter month, year & amount. DATE when grant awarded? AMOUNT awarded? £				
PART TWO - ABOUT YOUR GRANT APPLICATION						
18. What GRANT SUM are you applying for to WEST MEON PARISH COUNCIL? (This should not exceed £500.) Please enter the amount applied for IN FIGURES, in the box on the right.						
19. Please provide your b and sort code:	A/c no: Sort code:					
20. Is your organisation registered for VAT (i.e. can you claim input tax/ VAT)?						
21. Please specify what the	grant would be used for (e	e.g. capital proje	ect, runni	ng costs etc.):		
22. If the grant is towards a formal planning consent?		ENT, do you req	luire			
23. If the grant is to be used for a PROJECT, when do you expect to start and finish?						
				Finish:		

24. Please give any additional information that you feel is relevant, or will support the grant application e.g. any fund raising events undertaken by your organisation, & any amounts raised other than grant applications.
PLEASE NOTE: If your grant application is successful, whether in whole or in part, it would be conditional upon you (i.e. your organisation) acknowledging WEST MEON PARISH COUNCIL in your Annual Report, or in any other publication [newsletter, magazine etc.] relevant to your organisation. In signing this grant application, you agree to be bound by this condition.
Signed:
Dated:
You are very welcome to attend the Parish Council meeting where your grant application will be discussed.
Please return your completed form and supporting documents to the Clerk at clerk@westmeon-pc.gov.uk or 17 Stewarts Green, Hambledon, Hampshire, PO7 4SU.